MEDICATION REPORT FORM

**IDENTIFICATION OF HORSE/PONY (PLEASE TYPE, PRINT, OR WRITE CLEARLY)**

1. Name: 
2. Age:  
3. Sex:  
4. Color: 
5. Weight:  
6. Entry Number: 
7. Trainer’s Name: 
8. Owner’s Name: 
9. Breed/Discipline in which the animal competes: 

**IDENTIFICATION OF MEDICATION (PLEASE TYPE, PRINT, OR WRITE CLEARLY)**

10. Product Name: 
11. Amount Administered: 
12. Route of Administration:  
   - [ ] Oral  
   - [ ] Topical  
   - [ ] Injectable  
   If injectable, please indicate how medication was injected:  
   - [ ] Intravenous  
   - [ ] Inhalation  
   - [ ] Intramuscular  
   - [ ] Subcutaneous  
   - [ ] Intra-articular  
13. Date of Administration: 
14. Time of Last Administration:  __________________________  □  a.m.  □ p.m. 
15. Diagnosis and Reason for Administration (This must be for a therapeutic purpose only) 

16. Name of Veterinarian Prescribing/Administering the Medication: 
17. Phone Number of Prescribing Veterinarian: 
18. Name and Signature of Person Administering the Medication: 
   
   Print:  
   Sign: 

**INSTRUCTIONS TO STEWARD OR DESIGNATED SHOW OFFICE REPRESENTATIVE (PLEASE TYPE, PRINT, OR WRITE CLEARLY)**

**IMPORTANT:** You should accept this form only after all blanks above have been completed. Incomplete forms must be returned immediately to the owner/trainer for completion. Please note whether a specific diagnosis is recorded in section 15 above.

If all blanks are completed, please indicate the following:  
Date Received:  
Time Received:  __________________________  □  a.m.  □ p.m.  
Name of Show/Event:  
Date(s) Held:  
City:  
State:  
Name and Signature of Steward/TD or Designated Show Office Representative: Mark One:  □ Steward/TD  □ DSOR  
Print:  
Sign: 